

OT/OTA LICENSE RENEWAL APPLICATION FORM INSTRUCTIONS

- ☆ **Note on completing this form:** This application is a fillable PDF and responses may be completed on certain electronic devices, such as a computer. Responses may be typed, handwritten, or completed with a combination of typed and handwritten responses in the designated fields; however, this form may not be electronically signed or dated. The application will be accepted only if information is printed legibly and use black or dark blue ink. Note that only a certain number of characters may fit in a field when typing; ensure your complete response is included. The form must be printed, signed and dated, and mailed to the Executive Council's physical address. Mail the original completed application, not a copy. Note that the Board cannot provide any technical assistance regarding the fillable elements of this form.
- ☆ **A complete OT/OTA License Renewal Application Form includes:** 1. renewal information & attestation, including a residential street address; 2. correct fee(s); 3. a completed Continuing Education Submission Form; 4. the online jurisprudence exam with passing score; and 5. any additional items the Board may require.
- ☆ **Your renewal application is not complete until all items are received at the Board office.** If you do not submit all the required items before the expiration of your license, you will be subject to late fees as described below. You may not provide occupational therapy services after your expiration date.
- ☆ As per OT Rules §370.1(a), "Licensees are required to renew their licenses every two years by the end of their birth month. A licensee may not provide occupational therapy services without a current license. Licenses and license expiration dates should be verified on the Board's license verification web page. The Board will maintain a secure resource for verification of license status and expiration date on its website."
- ☆ Refer to further information regarding requirements and regulations from the following links:
<https://www.ptot.texas.gov/page/ot-license-renewal> and <https://www.ptot.texas.gov/page/ot-acts-and-rules>.
- ☆ Licensees who have not yet met the Board's fingerprinting requirement are required to submit fingerprints for renewal. See <https://www.ptot.texas.gov> for instructions. Fingerprinting is not required to renew or initiate inactive status.
- ☆ Verify your renewal online on the Board's license verification page, <https://www.ptot.texas.gov/page/ot-license-search>. You may print out a wallet card from that link using the Last Name and DOB function.
- ☆ **ADDRESS OF RECORD SELECTION:** Select only ONE of the addresses you list on the renewal application form as your address of record. The address of record is the address that will be provided to the public.

If you were serving as a military service member during the renewal period, see §370.2 of the OT Rules for further information.

PROCEDURE AND FEES:

Note: You may **not** use this form if your license has been expired for one year or more or you are on retired status.

Please see OT Rules Chapter 370, License Renewal, and Chapter 371, Inactive and Retired Status, for more information. Remember that as per §371.1(a), "A licensee may remain on inactive status for no more than three renewals or six consecutive years and may not represent himself or herself as an occupational therapist or occupational therapy assistant."

To renew an Active license, renew a license expired less than one year, renew an Inactive license, or to change your license status (Active to Inactive or Inactive to Active):

1. Take the jurisprudence exam by going to <https://www.ptot.texas.gov/page/to-jp-exam-intro>.
2. Complete the attached downloadable OT/OTA License Renewal Application Form, including the Continuing Education Submission Form.
3. Mail the renewal fee (and any late fees if applicable) with the completed OT/OTA License Renewal Application Form, including the Continuing Education Submission Form, and mail or submit any additional items to the Board if applicable. See below for the fees and address.

FEES Please make checks or money orders payable to: **ECPTOTE.**

• Active Renewal	OT - \$248	OTA - \$184
• Go or Stay Inactive	OT - \$124	OTA - \$92
• Reactivate License	OT - \$248	OTA - \$184

FEES. Late fees are required if you have not submitted **all** renewal requirements before the license expiration date.

RENEWAL LATE FEES

If it has been 90 days or LESS since the day your license expired, you must pay the renewal fee plus the late fee, which is equal to one-half of the renewal fee.

If it has been MORE than 90 days since the day your license expired, but less than one year, you must pay the renewal fee plus the late fee, which is equal to the renewal fee.

Note: If your license has been expired for one year or more, please see OT Rules §370.3, Restoration of a Texas License.

CONSIDERING GOING INACTIVE? To go inactive, you must have completed the CE for the current renewal cycle.

QUESTIONS? Contact us at info@ptot.texas.gov or by phone at 512/305-6900.

Mail the License Renewal Application Form and payment, CE Submission Form, and any other required documents to:

EXECUTIVE COUNCIL OF PT & OT EXAMINERS
333 Guadalupe St., Ste. 2-510 Austin, TX 78701-3942

**OT/OTA LICENSE RENEWAL APPLICATION FORM**

Executive Council of Physical Therapy and Occupational Therapy Examiners

333 Guadalupe St., Ste. 2-510 Austin, TX 78701-3942

(512) 305-6900

<https://www.ptot.texas.gov>

License #: _____ Exp. Date: _____	Current license status (Check one.) <i>Note that "Inactive" is a specific license status; it does not mean "Expired."</i> <input type="checkbox"/> Current/Active <input type="checkbox"/> Inactive
Social Security Number: _____/_____/_____	Check one box and enter the amount. <input type="checkbox"/> Do not change my status. <input type="checkbox"/> Change my status to <u>Active</u> . <input type="checkbox"/> Change my status to <u>Inactive</u> . AMOUNT ENCLOSED: \$ _____
Full Legal Name (Name changes require legal documentation. See OT Rules §369.2.) _____ <div style="display: flex; justify-content: space-between; font-size: small;">FirstMiddleLastSuffix</div>	
Home Location Address (This must be a physical street address.) <input type="checkbox"/> Select as Address of Record Street: _____ Phone: _____ City: _____ State: _____ Zip: _____ Email: _____	
Business Address <input type="checkbox"/> Select as Address of Record Bus. Name: _____ Phone: _____ Street or PO Box: _____ City: _____ State: _____ Zip: _____	
Optional Mailing Address <input type="checkbox"/> Select as Address of Record (This may be a P.O. Box. If you do not enter a mailing address, mail will be sent to your residential address.) Bus. Name if applicable: _____ P.O. Box or Street Address: _____ City: _____ State: _____ Zip: _____	
<p>If you are not sure what the renewal requirements are, you are advised to refer to OT Rules, Chapter 370, License Renewal, before you submit this form. You must check one of the boxes below and sign for the renewal to be complete.</p> <p>Check one of the boxes below. READ BEFORE SIGNING.</p> <p><input type="checkbox"/> Since license issuance or last renewal, I have not been convicted of a felony, including a finding or verdict of guilty, an admission of guilt, or a plea of nolo contendere, in this state or any other. Since license issuance or last renewal, I have not had my license or registration to practice occupational therapy suspended or revoked in any other state or nation.</p> <p><input type="checkbox"/> I have attached the official documentation from the court or licensing board regarding any of the above mentioned actions as part of this renewal application.</p> <p>I understand that providing false or incorrect information is a violation of the OT Practice Act, and may subject me to the penalties set forth in the Act.</p>	

Signature:

(Electronic signatures not accepted.)

Date:**Office Use Only**

Receipt Date	Receipt No.	Amt. Received	Postmark Date	JP Exam Score	Reviewed by:

**OT/OTA LICENSE RENEWAL APPLICATION FORM***Executive Council of Physical Therapy and Occupational Therapy Examiners*

333 Guadalupe St., Ste. 2-510 Austin, TX 78701-3942

(512) 305-6900

<https://www.ptot.texas.gov>**Name** _____ **License #** _____**Continuing Education Submission Form**

To renew, you attest to the continuing education activities you have completed for license renewal. The licensee is solely responsible for keeping accurate documentation of all continuing education activities and for selecting continuing education as per the requirements of Chapter 367 of the OT Rules. The required CE must include an HHSC-approved training course on human trafficking that meets requirements as per §367.1 of the OT Rules; verify that your human trafficking training course has been approved by HHSC from HHSC's list of approved human trafficking courses, accessible from <https://www.hhs.texas.gov/services/safety/texas-human-trafficking-resource-center/health-care-practitioner-human-trafficking-training>. (The list may also contain a "Continuing Education Credit/Special Note" column. Licensees are not required to select courses that specifically reference OTs and/or OTAs under that column.) Refer to the full Chapter 367 for further CE requirements.

Instructions: Enter your CE activities taken during this renewal period on the form below and complete all areas. You must earn a minimum of 24 CE hours that are eligible for CE credit as per the OT Rules in order to renew. See the OT Rules for further information. One course must meet the human trafficking training requirement.

Abbreviated activity/course names may be used if the entire name cannot be entered in the space below. Reproduce if necessary.

Activity/Name of Course	Completion Date (MM/DD/YYYY)	CE Hours	This activity meets the Human Trafficking Training Requirement
			<input type="checkbox"/> No <input type="checkbox"/> Yes
			<input type="checkbox"/> No <input type="checkbox"/> Yes
			<input type="checkbox"/> No <input type="checkbox"/> Yes
			<input type="checkbox"/> No <input type="checkbox"/> Yes
			<input type="checkbox"/> No <input type="checkbox"/> Yes
			<input type="checkbox"/> No <input type="checkbox"/> Yes
			<input type="checkbox"/> No <input type="checkbox"/> Yes
			<input type="checkbox"/> No <input type="checkbox"/> Yes
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			<input type="checkbox"/> No <input type="checkbox"/> Yes